## VEHICLE SERVICE FACILITY WASTEWATER DISCHARGE SURVEY

The Sub Regional Operating Group (SROG) that is comprised of Glendale, Mesa, Phoenix, Scottsdale, and Tempe is responsible for implementing and operating industrial wastewater control programs in each of their communities. SROG is considering the use of best management practices (BMPs) as an alternative to local limits for water pollutants discharged from vehicle service facilities. These facilities include service stations, auto repair shops, carwashes, radiator repair shops, automotive machine shops, transmission repair shops, tire shops, body repair and refinishing shops, wrecking and salvage yards, fleet operations, and battery shops. The goals of the Valley-wide BMPs include reducing the industrial and other users' loadings, eliminating/minimizing wastewater treatment plants (WWTPs) violations, and maintaining (or reducing) current influent loadings while allowing for commercial growth.

The following survey includes questions regarding materials and product usage, type of operation, current pretreatment, etc., at vehicle service facilities that may discharge wastewater to the collection system. The survey results will be used to provide SROG with more specific information on the types of discharges from these facilities. SROG and the City of Tempe will appreciate your cooperation in providing this important information. Please contact a member of the Environmental Division Pretreatment staff if you have any questions or need assistance with completing the survey.

Environmental Investigator	Telephone Number
Richard Dalton	480-350-2851
Ernie Frasquillo	480-350-2645
Jeremy Mikus	480-350-2852
Frank Valles	480-350-2691
Mike Golden	480-350-2674

Instructions: Please complete this survey form by December 10, 2004 and return it (via fax or mail) to:

Fax To:

Mail To: City of Tempe Water Utilities Department **Environmental Division** 480-350-2615 P.O. Box 5002 Tempe, AZ 85280

DATE:			
1. COMPANY OVERVI	IEW		
.2 Company address:			
.3 Company contact for	survey information:		
.4 Phone #:		_ Fax #:	
5 N			
	oyees:PERATIONS INFORM		
2. PRODUCTS AND OF 2.1 Indicate which services	PERATIONS INFORMA	ATION  d at your facility:	
2. PRODUCTS AND OI 2.1 Indicate which serviceFluid Change	PERATIONS INFORMATE  es/activities are conducted  Filter Change	ATION  d at your facility: Machining	Body Filling
2. PRODUCTS AND OI 2.1 Indicate which serviceFluid Change	PERATIONS INFORMATE  es/activities are conducted  Filter Change	ATION  d at your facility: Machining	Body Filling Vehicle Washing
2. PRODUCTS AND OF 2.1 Indicate which serviceFluid ChangeTune-up	PERATIONS INFORMATE  es/activities are conducted  Filter Change	ATION  I at your facility: Machining Welding	
2. PRODUCTS AND OI 2.1 Indicate which serviceFluid ChangeTune-upBrazing	PERATIONS INFORMATE  es/activities are conducted Filter Change Grinding	ATION  I at your facility: Machining Welding Fiber glassing	Vehicle Washing
2. PRODUCTS AND OI 2.1 Indicate which serviceFluid ChangeTune-upBrazing	PERATIONS INFORMATE  es/activities are conducted  Filter Change  Grinding  Fueling	ATION  I at your facility: Machining Welding Fiber glassing	Vehicle WashingParts Degreasing

2.2 List solvents or other chemicals used at your facility. Estimate the quantity used in pounds per year (lb/yr) or gallons per day (gal/day) if possible.

Solvent/Chemicals	Quantity (lb/yr or gal/day)	Measured Value or Estimate

Vehicle Service Facility Wastewater Discharge Survey Page 3
2.3 Does your facility maintain Material Safety Data Sheets (MSDS) for the chemicals used or stored at the facility?  Yes No
If yes, please provide copies of all MSDS when returning this survey.
3. WASTE MANAGEMENT
3.1 Does your facility discharge wastewater to the sewer system, to a septic system, or have no discharge? Sewer Septic No wastewater discharge
If your facility has no discharge to sewer or septic, you may stop here and return this form to the contact person on the first page.
3.2 Is there a location in the piping system to collect samples or measure discharge flow?  Yes No  If yes, where is this sample collection location?
3.3 Does your facility have open floor drains or sumps?  If yes, please describe briefly where these are located:
3.4 Does your facility have any PVC piping?  If yes, please describe briefly where the piping is located and estimated dimensions (diameter and length):

3.5 List the average daily volume of operation waste generated at the facility and how they are managed (i.e., recycling, disposal, etc). Please indicate if the waste volume is a measured value or an estimate.

Operations	Waste Volume (gal/day)	Measured Value / Estimate	Disposal Method
Wash Water			
Used Oil			
Used Antifreeze			
Used Brake Fluid			
Gasoline or Diesel Fuel			
Grease			
Used Transmission Fluid			
Used Gearbox Oil			
Used Degreasing Solvent			
Others:			

3.6 Indicate how you manage the solid wastes generated at the facility (i.e., washing and disposal, land filling, recycling, etc).

Operations	Disposal Method
Used Filters	
Hoses	
Belts	
Tires	
Metal Parts	
Brake Pads	
Plastic Parts	
Fiberglass Parts	
Batteries	
Wiring	
Others:	

3.10 Indicate your facility's pretreatment equipment and/or processes:

Type of Pretreatment	Existing System (date of installation)	Proposed System (estimated date of installation)
Oil / Water Separator		
Grease Interceptor		
Sand / Oil Separator		
Solids Interceptor		
pH Neutralization Tank		
Acid Neutralization Tank		
Physical Separation		
Precipitation		
Sedimentation		
Stream segregation		
Others:		

## 4. OPERATIONS AND MAINTENANCE

4.1 If your facility ha conducted and how o	s pretreatment equipme ften:	ent and/or processes	, please describe what	maintenance is
4.2 Please describe ye	our facility's procedure	s for cleaning up an	d disposing of spilled	or leaked liquids

Thank you for completing this survey.

Please fax the completed survey to: City of Tempe Environmental Division at 480-350-2615